IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

BRENT Lee HARDING
(Name of Plaintiff)
12500 Bruceville Rd
(Address of Plaintiff)
Elk Grove, CA 95757

vs.

2:21-CV-0922-DB (PC)
(Case Number)

COMPLAINT

Correctional Health Services - Adult Div. 50J
Sacramento County Sheriff's Dept.
Sacramento County
State of California
(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner: ☒ Yes ☐ No

B. If your answer to A is yes, how many?: 3 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff Brent Lee HARDING

Defendants VOAST, SACRAMENTO COUNTY SHERIFFS DEPT, SACRAMENTO COUNTY, STATE OF CALIFORNIA

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/99

2. Court (if Federal Court, give name of District; if State Court, give name of County)
Eastern District

3. Docket Number UNK

4. Name of judge to whom case was assigned UNK

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)
Settled

6. Approximate date of filing lawsuit 2015

7. Approximate date of disposition 2016

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution? ☒ Yes ☐ No

B. Have you filed a grievance concerning the facts relating to this complaint? ☒ Yes ☐ No

If your answer is no, explain why not _____

C. Is the grievance process completed? ☒ Yes ☐ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant Correctional Health Services is employed as Medical Department at Sacramento County Jails

B. Additional defendants Sacramento County Sheriff's Dept Sacramento County, State of California

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

On March 17, 2021 I was Detained in Sacramento County Jail being held for Trial, At the time of Intake I Informed Medical Staff of my Needs Due to Allergy, As well As Emergent Health Issues I was currently Suffering Including Back and Leg Issues As well As A growth below My left Eye that was diagnosed As Skin Cancer that I was waiting for treatment, I was not seen At Intake or After Housing, I sent in one to two medical kites (See Attached)

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

(1) Ten Thousand Per day until $5000,000 If Issues Are Not Resolved

(2) Federal conservatorship to Monitor Sacramento Health Care Services

(3) Injunction Requiring Sacramento County to get me to appointments

Signed this 3 day of May, 2021.

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

04-03-21
(Date)

(Signature of Plaintiff)

Per day EveryDAY for Seven weeks before I WAS Ever Seen And when I finally was seen It was only for my Eye And I was told I would See A dermatolog,ST In the future I Informed Staff that the Area In question not only was causing pain But affecting my vision, I was told I would just have to Deal with It, No Remedial plan Is In place At this time, I Sit here In pain daily not only from my Eye But Lower Back and Leg Issues that have Still Not Been Adressed Since the time of Incarceration, AS well AS My gutton Allergy that IS handily Being Ignored, My Due process Rights for my Issues Are Being treated With Deliberate Indifference, I have Completed the JAILS grievance process And Recieved Zero Response, I have Included A copy of medical K'te And Medical grievance form's for the Courts Veiwing to Show the Inmate filing Recives No Copy so proof cannot Be Supplied to the Courts. Further Sacramento County IS Also In Violation Of:

MAYS VS County of Sacramento 2018-CV-02081 TLN KJN where A Key term of Settlement was "Adequate Medical And Mental Health care will Be provided"

In proper

Brent Harding

Health Services Kite

X-Ref: _____ DOB: *(Cumpleaños)* _____

Name: *(Nombre)* _____ Date: *(Fecha)* _____

Check 1 Box Only *(Checking more than 1 box will cause your kite to be rejected.)*
Marque 1 Caja Sóla (Marcando más de 1 caja causará que su solicitud sea rechazada).

☐ **Medical Services** Servicios Médicos

☐ **Dental Services** Servicios Dentales

☐ **Psychiatric Services** Servicios Psiquiátricos

Describe your issue or problem *(Limit to 1 issue or problem)*
Describa su asunto o problema (Límite a 1 asunto o problema)

_____

_____

Inmate's Signature: *Firma de preso* _____

I authorize Correctional Health Services to provide necessary and appropriate medical care.
Autorizo a Servicios de Salud Correccionales a dar el cuido médico que será necesario y apropiado.

Staff Use Only **DO NOT WRITE IN THIS BOX** **Staff Use Only**

☐ Kite rejected because: _____

☐ Kite received and appointment scheduled

Completed By: _____ Date & Time: _____

SACRAMENTO COUNTY

Department of Health Services
Primary Health Division
Correctional Health Services – Adult

Grievance Form **Grievance No.** _____

Grievance Type: (Please check one)

☐ **MEDICAL** ☐ **MENTAL HEALTH** ☐ **DENTAL**

Name _____ **XREF No.** _____ **Today's Date** _____

IF YOU ARE HAVING A MEDICAL OR PSYCHIATRIC EMERGENCY NOTIFY AN OFFICER

Attach Tape

DO NOT WRITE IN THIS AREA

Statement of Grievance
Date of Incident:
Explain in detail your complaint below:

SACRAMENTO COUNTY

Department of Health Services
Primary Health Division
Correctional Health Services – Adult

Grievance Form **Grievance No.** _____

Grievance Type: (Please check one)

☐ **MEDICAL** ☐ **MENTAL HEALTH** ☐ **DENTAL**

Name _____ **XREF No.** _____ **Today's Date** _____

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